

ADOPTION ASSISTANCE PROGRAM CHILD AND FAMILY SUMMARY

Use of this form: Completion of this form meets the requirements of Wisconsin Administrative Code, HFS 50.03.

Instructions: If more space is needed when filling out this form, use back of form or attach a separate sheet of paper.

Name of Agency or Region Submitting Form		Date Form Submitted (mm/dd/yyyy)	
Name of Social Worker		Social Worker Telephone Number	
Child's Pre-Adoptive Name – Last, First, Middle		Child's Post-Adoptive Name – Last, First, Middle	
Child's Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Commitment Number	
Guardianship Agency		Court Transferring Guardianship	Date of Transfer (mm/dd/yyyy)
Name of Prospective Adoptive Father – Last, First, Middle		Name of Prospective Adoptive Mother – Last, First, Middle	

Documentation of child's condition and special needs. Refer to HFS 50.03(1).

Documentation of reasonable effort to place without adoption assistance. Refer to HFS 50.03(2) & (3).

Registered on Adoption Exchange? ☐ Yes Registration date: _____ (mm/dd/yyyy)

☐ No Reason not registered: _____

Describe any other efforts:

Documentation of family circumstances related to need for adoption assistance. Refer to HFS 50.05(4).

If the child is receiving, or is recommended to receive, supplemental and/or exceptional payments, attach copy of approved schedule.

Amount of last foster care payment: \$ _____ Amount recommended for adoption assistance: \$ _____

Comments – Agency, region or social worker.

SIGNATURE – Social Worker

SIGNATURE - Supervisor

Date Signed